18 JAN 1983

MEMORANDUM FOR: Executive Director

FROM: Harry E. Fitzwater
Deputy Director for Administration

SUBJECT: Agency Alcohol Program [redacted] 25X1

1. At the Office of Medical Services (OMS) planning conference on 4 January 1983, the subject program was discussed in detail, and I had planned to provide statistics at the next staff meeting. In view of your concern and that of the DDCI, this detailed report is submitted. [redacted] 25X1 25X1

2. PARTICIPANTS. As of 11 January 1983 there were [redacted] people participating in the Agency's program. Among employees, [redacted] are alcoholic and [redacted] are co-alcoholic (employees living with family members, usually spouses, who are alcoholic). Family members, whom the program also assists upon request, account for an additional [redacted] alcoholics and [redacted] co-alcoholics. For family members, the program provides counseling services and assists individuals in getting involved with Al-Anon which provides support for the family members [redacted] 25X1 25X1 25X1 25X1

3. REFERRALS. Of the people involved, 39 percent were introduced to the program through medical referrals, including both clinical and psychiatric. Two percent of the 39 percent are medevacs. Twenty-three percent were referred to the program by management, 20 percent were self-referrals, and the origin of the remaining 18 percent is unknown since most of these were prior to the period when the Alcohol Program started keeping records. [redacted] 25X1

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4. MANAGEMENT OF THE PROGRAM. The Alcohol Program Director is [redacted] M.D., a staff psychiatrist. Our program is unique because of his direction. Based on many years of work with Agency employees with alcohol problems, [redacted] identified the need and provided the foundation for the current program. One of his most important contributions is bringing to the attention of OMS and the Agency the most recent understanding of alcoholism and management of alcoholics. He also provides the necessary evaluation to differentiate emotional problems from alcoholism. One part-time and two full-time employees complete the staff. These individuals provide training (special programs for managers 25X1 25X1

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and general alcohol awareness programs for employees) and counseling services (initial counseling, treatment referral, and follow-up) to Agency employees and family members. In addition, the program is supported by the OMS Clinical Activities Division with all its laboratory resources. [redacted] 25X1

5. ACTION TAKEN IN THE PROGRAM. [redacted] 25X1 and the program staff attempt to assess the severity of the problem, and to determine whether the individual needs referral to a structured treatment program or simply a contact with Alcoholics Anonymous. They do not focus on the cause of a person's drinking, which is the "traditional" psychiatric approach and which has not been found to be very successful. [redacted] 25X1

6. TREATMENT. In-house treatment is not provided. The area treatment center considered the best is Arlington Hospital. Other centers that have been used are Prince William Hospital, Kolmac Clinic, the Psychiatric Institute, and Providence Hospital. Both inpatient and outpatient treatment are available. Inpatient treatment usually takes 21 days in the hospital and 16 weeks of "aftercare." The aftercare consists of the patient attending two sessions per week. Without the aftercare sessions, the treatment is only 66 percent successful but with the aftercare the success rate increases to 93 percent. [redacted] 25X1

7. WHAT IS BEING DONE.

a. [redacted] 25X1 is traveling overseas conducting training programs and providing counseling services. George does a special program for managers during these visits. The attendance of station personnel is mandatory. During the three trips he makes each year he handles both self and management referrals. [redacted] 25X1

b. There is a program being conducted for all managers and supervisors in the directorates. This 2 1/2 hour program is in three parts: first, a section on the disease; second, "The Dryden File," a film which examines a manager's reluctance to refer an employee with deteriorating performance to a firm's employee consultative service; and third, the mechanics of how to use the Alcohol Program in the Agency. This program has been completed in the DI. The DS&T will be completed in March 1983. Training in the DA will begin next fall and will be followed by the DO. As you may note, this is the

inverse order of the problems within the directorates. The pilot program was conducted in the DI, and feedback from those sessions has served as the basis for revising the training program. [redacted] 25X1

8. PROBLEM. I was surprised that only 23 percent of the referrals were from management. OMS attributes this low referral rate to the reluctance of managers to assume the role of diagnostician. Training programs emphasize that the managers' focus should remain on job performance. When an employee's deteriorating performance cannot be corrected otherwise, managers are told that a program referral is in order. Given our present situation, the managers' conflict is apparent. In the role as manager, one is not to make a diagnosis; the manager's role is limited to identification of a problem and referral to the Alcohol Program. Yet referral to the Alcohol Program, by virtue of its name and singular focus, constitutes a de facto diagnosis. In all the training sessions thus far, the managers have consistently identified this as the principal bar to effective management use of the Alcohol Program. [redacted] 25X1

9. WHAT SHOULD BE DONE TO IMPROVE THE PROGRAM?

a. To ease management referrals and to provide greater OMS support for managers contending with other problems, OMS proposes to reemphasize its current consultative services program. A managerial referral to a broader program encompassing a host of OMS services (including the Alcohol Program) removes from the manager the onus of diagnosing the problem. It is worth noting that in broadening our program the Agency will be following the trend of private industry and other government agencies which have encountered the same underutilization by management of a single focus program.

b. Since my meeting with OMS on 4 January, I have asked the Director of Training and Education to investigate the inclusion of a segment on the Alcohol Program in all courses where supervisors or managers are in attendance. This would include such courses as the Midcareer. I have asked the D/MS to have his people work with the Office of Training and Education in setting this up.

c. Also, I believe we must publicize the program in order to broaden the knowledge that the consultative service of OMS exists and what it can do for the supervisor/manager who believes he has a problem case. [redacted] 25X1

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10. From what I can gather, our program is rather well developed and is making considerable progress. More can be done, but as you are aware, the personnel resources are spread rather thinly. They are not providing in-house treatment, but they are providing the needed service to get the alcoholic into a rehabilitation program. [redacted] 25X1

25X1 [redacted]

Harry E. Fitzwater